



Application for Absentee Ballot
MARCH 11, 2023
TOWN OF HARPSWELL
ANNUAL TOWN MEETING

Application Received
(Date/Time)

Ballot Sent/Delivered
(Date/Time)

An absentee ballot request must be received by the Municipal Clerk by the close of business on **WEDNESDAY, MARCH 08, 2023**, unless special circumstances exist. Voted absentee ballots must be received by the Municipal Clerk by **5 p.m. on MARCH 11, 2023**.

1. Full Name of Registered Voter Requesting the Ballot _____

2. Residence Address of Voter _____
(Street Address) (Municipality)

3. Voter's Date of Birth ____/____/____
m m d d y y y y

4. Contact Information-Please complete. Clerk will use only to notify the voter if there is a problem with the application or ballot.

Daytime Phone Number (optional) _____

Email Address _____

5. Method of Delivery of Ballot to the Voter

a. ☐ Issued to Voter (Application Required if Voter will Vote **Outside the Municipal Clerk's Presence**)

b. ☐ By Mail to this Address _____

c. ☐ By Immediate Family Member of Voter

Designated Here _____
(Name) (Relationship to Voter)

d. ☐ By this 3rd Person (Designated by the Voter) _____
(Name) (Telephone #)

6. Signature of Voter *OR*

Immediate Family Member of Voter _____ Date _____

Note: If an immediate family member of the voter is completing this application, the relationship to the voter must be provided in 5(c) above. The absentee ballot can be delivered to the immediate family member in person or mailed to the address provided in 5(b).

7. Signature of Immediate Family Member Returning the Ballot _____

Relationship to Voter _____
(Complete Section #7 Only if Ballot was Delivered to the Voter or a Different Immediate Family Member of the Voter)

AIDE CERTIFICATE (Must be Completed if Applicant was Assisted as Designated Below)

If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.

I helped this voter: ☐ read the application ☐ sign the application ☐ read and sign the application

Signature of Aide _____ Printed Name of Aide _____